

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/15/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145771	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/18/2021
NAME OF PROVIDER OR SUPPLIER RIVER BLUFF NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4401 NORTH MAIN STREET ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 689 SS=G	<p>Complaint #211028/IL 131012- F689 cited.</p> <p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure safety precautions were in place for a resident at risk for falls. This failure resulted in R1 getting up without assistance and falling in her room and sustaining a right pubis fracture and a right humerus fracture. This applies to 1 of 3 residents (R1) reviewed for safety in the sample of 5.</p> <p>The findings include:</p> <p>R1's Fall Report dated January 18, 2021 documents by V4 (Licensed Practical Nurse) she heard a yell for help. R1 was observed on the floor next to the bathroom door. R1 was laying on her right side and complained of right shoulder and right hip pain. R1 said she went to the bathroom and tried to shut the bathroom door and fell. R1 said she turned off the alarm and got up without assistance. The fall report shows R1 is alert with poor short term memory. R1 was transferred to the local hospital.</p>	F 689	<p>River Bluff Nursing Home 4401 North Main Street Rockford, Illinois 61103</p> <p>Survey Complaint Date February 18, 2021 F689 Free of Accidents Hazards/Supervision/Devices Plan of Correction The facility continues to ensure that resident's environment remains as free of accident hazards as is possible and that each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Corrective action to be taken for residents found to have been affected by the deficient practice:</p> <ul style="list-style-type: none"> R1's care plan reviewed and updated as needed. <p>How the center will identify other residents having the potential to be affected by the</p>	3/11/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/11/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 689	<p>Continued From page 1</p> <p>The Nurse's note dated January 18, 2021 documents R1 was admitted to the local hospital with a diagnoses of a right humoral fracture and right pubic ramus fracture.</p> <p>On February 17, 2021 at 9:30 AM, R1 was lying in her bed. V9 (CNA) attached the mechanical lift to R1 and transferred R1 from the bed to the recliner chair. R1's bed alarm did not alarm when V9 transferred her. R1's recliner chair did not have a chair alarm.</p> <p>On February 17, 2021 at 9:45 AM, R1 said she had a fall two to three weeks ago. R1 said she got up from her recliner and does not remember if she shut of the alarm.</p> <p>On February 17, 2021 at 1:20 PM, V5 (Certified Nursing Assistant-CNA) said she was taking care of R1 the night she fell. V5 said she heard a hard slam and a yell for help. V5 said when she entered the room R1 was on the floor outside of the bathroom door. V5 said R1 told her she was coming out of the bathroom and lost her balance. V5 said R1's alarm was on the bedside table next to her recliner chair and there was nowhere to hang R1's alarm on her recliner. V5 said R1 shut of the alarm herself.</p> <p>On February 17, 2021 at 1:25 PM, V4 (LPN) said she was R1's nurse on 1/18/21 when she fell. V4 said she heard a loud boom and found R1 laying on the floor in her room outside of the bathroom door. V4 said R1 had a history of shutting off her alarm and getting up without help. V4 said R1's alarm was on the bedside table next to recliner within her reach. V4 said the alarm should be placed on the bed so it's harder to reach.</p>	F 689	<p>same deficient practice:</p> <ul style="list-style-type: none"> All residents will be reassessed to determine risk for falls. <p>Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur:</p> <ul style="list-style-type: none"> Fall reduction policy updated and staff educated on new policy. New Fall risk evaluation form implemented and Nursing staff educated on correct use of form. All residents reassessed for fall risk and care plans updated and validated interventions listed on care plan are in place. Staff educated on where to find information related to fall reduction interventions. <p>Quality Assurance Plan to monitor performance to make sure corrections are achieved and permanent:</p> <ul style="list-style-type: none"> The DON or designee will conduct audits 2 times weekly per week for four weeks and then randomly weekly for two weeks to ensure residents care planned interventions are being followed for those residents with high risk for falls. Identified concerns shall be reviewed by the facilities IDT team and QA/QCI. Recommendations for further corrective action will be discussed and implemented as needed. <p>Date corrective completed:</p>	

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F 689	<p>Continued From page 2</p> <p>On February 17, 2021 at 2:20 PM, V10 (Restorative Manager) said staff should check the function and the placement of a resident's alarm every shift. V10 said R1 had a history of shutting of her alarm and getting up by herself. V10 said the alarm box should be placed behind the recliner chair so it's not in reach of the resident.</p> <p>R1's face sheets shows she has a diagnoses including fracture of the right pubis, fracture of the right humerus, unsteadiness on her feet, lack of coordination, delusional disorders, osteoarthritis, osteoporosis, and fibromyalgia.</p> <p>The Fall Risk Assessment dated October 28, 2020 shows she is at risk for falls.</p> <p>R1's care plan shows she is at risk for falls related to absence of balance, visual deficit and oxygen use. R1's interventions include to keep her alarm box out of reach, to prevent her from turning off the alarm, R1's interventions also include for her to have a chair alarm and bed alarm and to check the function and placement every shift. The care plan also shows R1 has impaired cognitive function or impaired thought processes related to delusional disorder and obsessive compulsive disorder.</p> <p>The facility's fall and Fall Risk Management Policy with a revised dated February 2018, states, "Based on evaluation and current data, the staff will identify interventions related to the specific risks and causes to prevent the resident from falling ..."</p>	F 689	March 11, 2021		